Thank you, Chairperson, Representative Abercrombie, and Chairperson, Senator Moore, and members of the Human Services Committee for the opportunity to speak. My name is Dina Mezza. I reside in Avon, CT. I am testifying in support of Senate Bill No. 278, An Act Concerning Nursing Home Facility Minimum Staffing Levels. I submitted a fact sheet that I prepared in support of this bill that contains data, statistics, and research supporting the need for decreasing the staffing ratio of nursing home residents to social worker.

Why do CT Nursing Home Residents Need Increased Social Work Care?

Connecticut's current staffing ratio is inadequate and outdated. Aging baby boomers and growing care gaps mean fewer caregivers and more need for long-term care and social work services. Adequate social worker staffing is essential to provide the care residents deserve and the support their families need. Residents now have greater care needs than in the past, and families are less able to care for loved ones at home due to their own jobs, young children, or health.

CT's population is aging. This demographic change is dramatic and permanent. More than one-third of CT's population is over age 50. CT's 65 and older population is projected to grow 57% between 2010 and 2040 while CT's 20 to 64 year old population is projected to grow less than 2%. Life expectancy for CT residents is 80.8 years of age -- third highest in the US.

What is the problem with CT's current staffing ratio of nursing home residents to SW?

CT's public health regulations adopted federal regulations from the 1980s that have never been updated to reflect our growing aging population and growing care gaps. Federal regulations require nursing homes with more than 120 beds to employ 1 full time social worker to meet resident psychosocial needs. Research done in 2010 shows that CT's current staffing ratio is too high. Each nursing home resident receives only about 9 minutes of social work care per week based on the average of two studies. Three-fourths (71.5%) of social services directors surveyed reported that 1 full time social worker could handle 60 or fewer long-term care residents and about half (54.8%) of respondents reported 1 full time social worker could handle 20 or fewer subacute care residents.

What do nursing home social workers do for residents?

Social workers perform the clinical function of psychosocial assessment. CT's Medicare / Medicaid certified nursing homes are responsible for residents' psychosocial and mental well-being. This relates to examination and care of residents' psychological, social, emotional, and spiritual well-being. Social workers are the only licensed skilled professionals in nursing homes qualified to perform psychosocial assessments. These assessments inform care plans having measurable objectives that benefit residents and their families. Social workers do care planning

and intervention, provision of and referral for mental health services, case management to facilitate coordination and continuity of care, assist residents and families with obtaining necessary services in the home or in the community, crisis intervention, advocating with and for residents within the facility to ensure greater choice, quality of life, and quality of care, assisting with end-of-life planning, including legal and health-related matters. Social workers are a critical part of the residents' interdisciplinary health care team at nursing homes.

What can legislators do to increase the amount of time residents have with their SW?

Vote YES on Senate Bill No. 278, in support of reducing the current staffing ratio to 1 full time social worker to 80 residents in 2016 with a further reduction to 1 full time social worker to 60 residents in 2020. This conforms to better quality of life standards for our nursing home residents. Research shows that dignity and spiritual well-being are the most important indicators for nursing home elders' quality of life. Social workers have the professional training to promote elders' quality of life in nursing homes.

Imagine an elderly, frail, woman, sitting alone in a chair in her room at a nursing home. She is confused about her whereabouts, forgetting to eat despite a tray of food nearby, unable to advocate for herself about her end of life choices. She has a dispute with her roommate about whose show they are going to watch on their shared TV and has an argument with her daughter for not coming to visit her more. Her anger and confusion are symptoms of her dementia. One day she has a medical emergency, but has no health directives or living will to guide her care.

Imagine the one social worker on staff at the nursing home having only about 9 minutes a week to attend to the needs of this elderly woman. Imagine that this nursing home resident is your mother, your grandmother, or you.

Does 9 minutes of social work time per week sound sufficient to attend to all of the needs of this one resident?

Our nursing home residents and their families deserve more social work care. It is our moral, ethical and social obligation to care for our elders. CT must be more progressive in caring for our nursing home residents. Please support Senate Bill No. 278 to show that as a community we value our elders and the quality of their lives in nursing homes.

Thank you for your time and, hopefully, your support too.

Sincerely,

Dina Mezza

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CT NURSING HOME RESIDENTS NEED INCREASED SOCIAL WORK CARE

SUPPORT SENATE BILL NO. 278 AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS

Aging baby boomers and growing care gaps means fewer caregivers and more need for long-term care and social work services. CT's population is aging. This demographic change is dramatic and permanent. More than one-third of CT's population is over age 50. CT's 65 and older population is projected to grow 57% between 2010 and 2040 while CT's 20 to 64 year old population is projected to grow less than 2%. Life expectancy for CT residents is 80.8 years of age -- third highest in the US. Nearly 26% of CT's population will be 60 plus by 2030, an increase of 30 % from 2012.

PROBLEM: EACH CT NURSING HOME RESIDENT RECEIVES ONLY ABOUT 9 MINUTES OF SOCIAL WORK CARE PER WEEK UNDER OUTDATED CT PUBLIC HEALTH REGULATIONS THAT STEM FROM WEAK FEDERAL REGULATIONS FROM THE 1980s THAT CT ADOPTED AND NEVER UPDATED

Federal law requires nursing homes with more than 120 beds to employ 1 full time qualified social worker to meet resident psychosocial needs. Research shows this staffing ratio is too high. Three-fourths (71.5%) of social services directors surveyed reported that 1 full time social worker could handle 60 or fewer long-term care residents and about half (54.8%) of respondents reported 1 full time social worker could handle 20 or fewer subacute care residents. CT's Medicare / Medicaid certified nursing homes are responsible for residents' psychosocial and mental well-being. Social workers perform the clinical function of psychosocial assessment. This relates to examination and care of residents' psychological, social, emotional, and spiritual well-being. Social workers are usually the only staff to address residents' psychosocial needs. Federal quality investigation of psychosocial services among residents on Medicare Part A identified 39% of residents with psychosocial needs having inadequate care plans. Insufficient staffing and lack of time were reasons cited. Social worker time accounted for only 1.8% of resident care. This indicates that the only staff with specific education and training to assess and provide for mental health and psychosocial care has but 6 minutes daily for each resident.

SOLUTION: ENACT LEGISLATION INCREASING THE AMOUNT OF SOCIAL WORK CARE EACH NURSING HOME RESIDENT RECEIVES TO IMPROVE QUALITY OF LIFE

Vote YES on Senate Bill No. 278, An Act Concerning Nursing Home Facility Minimum Staffing Levels to reduce the current staffing ratios to 1 full time social worker to 80 residents in 2016 and further reduce the ratio in 2020 to 1 full time social worker to 60 residents. This conforms to better quality of life standards for our residents. Research shows that dignity and spiritual well-being are the most important indicators for nursing home elders' quality of life. Social workers' code of ethics and core values- social justice, service, importance of human relationships, integrity, competence- advance residents' quality of life.

CT NURSING HOME RESIDENTS AND THEIR FAMILIES HAVE A HUMAN RIGHT TO INCREASED QUALITY SOCIAL WORK CARE



SOCIAL WORK CARE IS KEY TO THE PSYCHOSOCIAL WELL-BEING OF NURSING HOME RESIDENTS

CT MUST BE MORE PROGRESSIVE IN CARING FOR OUR NURSING HOME RESIDENTS

Social workers are a critical part of the interdisciplinary health care team at nursing homes. They are the only licensed skilled professionals in nursing homes qualified to perform biopsychosocial assessments. These inform care plans having measurable objectives that benefit residents and their families. Social workers do care planning and intervention, provision of and referral for mental health services, case management to facilitate coordination and continuity of care, assist residents and families with obtaining necessary services in the home or in the community, crisis intervention, advocating with and for residents within the facility to ensure greater choice, quality of life, and quality of care, assisting with end-of-life planning, including legal and health-related matters.*

Vote YES on Senate Bill No. 278 An Act Concerning Nursing Home Facility Minimum Staffing Levels

OTHER STATES ARE MOVING TOWARDS INCREASING SOCIAL WORK CARE TIME FOR RESIDENTS

Other States have increased the ratio of social work time to residents. Arkansas requires 1 full time SW for the first 105 patients and 1 additional SW for every 50 additional patients. Massachusetts requires 8 hours of SW care for 40 to 80 residents and 20 hours of SW care for 80 or more residents. Maine requires ½ hour of SW care per resident per week. West Virginia requires 1 full time SW for 60 or more beds. Oklahoma requires at least 30 minutes per resident a week of designated social service staff based on the daily census with each facility having at least 20 hours per week of designated social service staff regardless of the number of residents.

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